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ABSTRACT

The position statement from the National Association of Retarded Citizens specifies areas of study and competencies needed by evaluators who generate or interpret psychometric data used in classification and placement decisions regarding mentally handicapped persons. Guidelines focus on academic degrees and licensure; recommended areas of study and competency (individual assessment, individual differences, the exceptional child, learning and remediation, mental retardation, and supervised experience); and continuing education. For instance it is recommended that students of learning and remediation processes study interdisciplinary planning and evaluation of educational outcomes so that they become competent to write behavioral objectives incorporating appropriate criterion measures and accountabilities. (GW)



Competencies of Persons Responsible for The Classification of Mentally Retarded Individuals

US DEPARTMENT OF HEALTH. EDUCATION & WELFARE NATIONAL INSTITUTE OF EDUCATION

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A position statement by the National Association for Retarded Citizens related to areas of study and competencies needed by evaluators involved in the classification and placement process.

> Adopted by the Board of Directors National Association for Retarded Citizens April, 1974



PREFACE

The misclassification and inappropriate placement of students in special education classes for mentally retarded persons have received increasing attention over the past several years. Responding to these concerns, the National Association for Retarded Citizens adopted a set of guidelines in 1970 pertaining to the classification and placement of students in special education classes.

The present position statement, drafted by the NARC Education Committee and adopted by the NARC Board of Directors on April 6, 1974, represents an attempt to further specify the areas of study and competencies needed by evaluators who generate and/or interpret psychometric data used in classification and placement decisions. Moreover, the statement can be considered to be an elaboration of the competencies set forth by the National Association of School Psychologists in its document, Guidelines for Training Programs in School Psychology.

It is NARC's hope that this statement of competencies will be given careful consideration by all training institutions involved in the preparation of evaluators, and be used by public schools in personnel selection and in service training.

> Dr. Walter J. Cegelka, Chairman NARC Education Committee



INTRODUCTION

In 1970, the Board of Directors of the National Association for Retarded Citizens adopted a position statement on classification and placement of mentally retarded persons in special education (NARC, 1971). This statement was prompted by growing controversy over the mislabeling of culturally disadvantaged and bilingual children and their inappropriate placement in special education classes intended for mentally retarded students.

The 1970 position statement contained the following guidelines concerning classification procedures:

- *No child should be classified as mentally retarded until he or she has been evaluated by an evaluation team composed of qualified diagnosticians who bring to bear skills needed to asses; medical, psychological, social educational and vocational factors, as applicable. The team should assume responsibility for proposing and interpreting an individual educational plan for the child in the school setting, with provisions for ongoing evaluation of the child's progress and/or needs. The team should also develop suggestions for assisting the child and his family to maximize his growth potentials within his out-of-school hours;
- "The classification of retardation should not be applied until the child's adaptive behavior has been assessed in relation to the community and family situation, taking into account the cultural norms of his natural milieu. Where adaptive behavior in any life situation is found to be significantly discrepant from intellectual expectations, the label retardation should not be used, at least until further observation has justified it;
- "The classification of retardation should be applied only to those children who continue to function at a significantly subnormal level even after various remediation attempts. Special attention should also be given to the identification and treatment of debilitating physical conditions such as auditory or visual impairments, malnutrition, epileptic seizures, or other sensorymotor impairments.
- "Psychological evaluation for the purpose of classification should always include the use of individual test procedures which measure a range of skills and which are appropriate to a child's cultural and linquistic back-



ground. Testing should assess specific learning disorders, if any, and the extent to which inferior performance is due to the reversible environmental factors such as repeated failure, cultural dissonance, inappropriate expectations by teachers, situational anxieties, personality disorders, or inadequate motivation;

- "A child who is suspected of being mentally handicapped should be observed in his regular class setting. However, classroom behavior alone should never be used as the criteria for labeling a child mentally retarded. Regular classroom teachers should be assisted to ascertain the wide variety of reasons other than retardation which may contribute to inappropriate responses to the school academic environment and to underachievement. They should be assisted to implement behavior modification procedures, when appropriate, both to enhance learning and to help the child develop behavior which is more acceptable to his peers; and
- "No assessment of a child should be considered complete unless the parents have been actively involved in the evaluation process as significant observers of the child and his performance. In addition, assistance to parents in the home management problems related to optimal child development should be offered through a trained home visitor, where appropriate."

Since 1970, considerable controversy and debate has continued regarding the evaluation procedures and instruments used to collect data for making classification and placement decisions. Critics still contend that current tests do not accurately measure nor predict learning, and that large numbers of children continue to be incorrectly classified as mentally retarded because of problems that are essentially behavioral, cultural, or linguistic in nature. Even if adequate test instruments exist, the opinion has been strongly expressed that many examiners are not adequately trained to administer the tests nor qualified to interpret the results properly.

Responding to this latter concern, NARC convened an interagency meeting on December 12, 1973, to begin formulating recommendations regarding the qualifications of individuals responsible for the classification of mentally retarded persons. The participants were representatives from the National Association of School Psychologists, American Psychological Association, American Association on Mental Deficiency, President's Committee on Mental Retardation, Bureau of Education for the Handicapped, and The Council for Exceptional Children. It was agreed at this meeting that NARC should proceed to develop the position statements which follow.



Since macement decisions regarding the vast majority of mentally retarded persons rest heavily on the assessment data generated by school psychologists and related psychological personnel, the statements contained in this paper are primarily directed to this group. However, it should also be noted that in public schools, and other facilities for mentally retarded persons, there are various people who also may be significantly involved in the classification process, such as guidance counselors, remedial reading teachers, psychological examiners, social workers, language specialists and physicians. These individuals also should have the training and competencies delineated in this document if they have primary responsibility for classification and placement decisions.

ACADEMIC DEGREE AND LICENSURE

NARC supports the Standards of the Accreditation Council for Facilities for the Mentally Retarded (1971) which pertain to the qualifications of professionals working with the mentally retarded; e.g. . . . "all licensing, certifying and registering laws regulating the professional disciplines authorized to perform specific diagnostic tests be observed." Such licensing or certification is particularly relevant when classification has legal implications. However, NARC recognizes that an academic degree or license does not guarantee competency in regard to the classification of mentally retarded persons. Too frequently, training programs leading to an advanced degree fail to give adequate attention to the special evaluation problems associated with the classification of mentally retarded persons, particularly those who are severely or profoundly retarded or multiply handicapped. Moreover, it is not unusual for a doctorate or master level psychologist, with little or no experience in the field of mental retardation, to supervise evaluators who generate data which is pivotal to classification and placement decisions.

Therefore, NARC feels that current university or college training and practicum programs must be critically re-examined, and that these training programs be significantly modified, as necessary, to ensure that persons responsible for important decisions concerning the lives of mentally retarded persons are highly qualified and competent individuals. In all cases, the demonstration of competency is more important than course completion or accumulation of credit hours. The training institutions should be held responsible for the criterion referenced competency of their graduates and should communicate endorsement, in writing, to state or professional boards responsible for licensure or certification.



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RECOMMENDED AREAS OF STUDY AND COMPETENCY

To help ensure that school psychologists and other examiners are fully qualified to contribute meaningfully to classification and placement decisions, the following areas of study are recommended in addition to any other academic requirements associated with a given graduate degree program. Moreover, the competencies listed below are considered essential regardless of the specific areas of professional specialization:

INDIVIDUAL ASSESSMENT

<u>Recommended Areas of Study:</u>

Nature of intelligence

Developmental milestones

Behavioral observation

Test selection

Administration of individual scales, tests or other measures of intelligence, social adaption, perceptual-motor performance, academic achievement, language development, personality

Scoring and test profile interpretation

Integration of test results with developmental, behavioral and other data

Relation of measurement to individual programming

Written and oral communication of results

Consultation and follow-up

Cross-cultural studies, including the effects of linguistic background on test results

Expected Competencies:

Is familiar with and can critically evaluate a wide range of intelligence and other assessment instruments

Selects appropriate battery of tests or scales to answer specific questions for various ages, functioning levels and disability groups

Makes reliable and pertinent behavioral observations and can report observations clearly Can assess the functioning level of infants, mute, blind, deaf or physically handicapped persons with various levels of intellectual functioning

Can integrate measurement results, developmental data and information from other disciplines into a meaningful report which is useful for program development

Reports results of assessment clearly in written and oral form to parents and professionals



ls aware of the effects of situational factors and cultural background on test results

Can formulate a plan for monitoring the efficacy of recommendations derived from test results

Can accurately administer scales, tests or other measures under a variety of working conditions

Is familiar with subcultural and ethnic group vocabularies

INDIVIDUAL DIFFERENCES

Recommended Areas of Study:

Theories of development

Learning and development

Developmental sequence

Maturation and test behavior

Expected Competencies:

Has knowledge of major theories of development

Knows the possible effects of maturation upon test behavior at different ages

Is familiar with and ca. adily identify developmer cal sequences, milestones and behaviors that are found through the life range

THE EXCEPTIONAL CHILD

Recommended Areas of Study:

Survey of disability groups

Differential assessment

General and specific learning disabilities

Educational alternatives

Expected Competencies:

Is knowledgeable of the characteristics differential assessment and learning needs of a variety of disability groups and can relate learning needs to specific educational alternatives

LEARNING AND REMEDIATION

Recommended Areas of Study:

Application of learning and educational theories of remediation

Interdisciplinary planning and evaluation of education outcomes



Development of individualized program plans including curricula

Premindues of supervision and consultation

Expected Competencies:

Can use a given learning or educational theory to devise specific educational plans

Can write behavioral objectives, incorporating appropriate criterion measures and accountabilities Can function as a contributing member of an interdisciplinary team for the purposes of individual assessment and program planning

ls conformable in working on a counseling or consulting basis with parents or professionals, either individually or in groups

MENTAL RETARDATION

Recommended Areas of Study:

Historical trends and issues in the field

Etiology, incidence and prevalence

Terminology and classification

Adaptive behavior levels

Assessment of mental retardation

Program needs and alternatives

The family and mental retardation

Resources and future directions in the field

Expected Competencies:

Is knowledgeable of historical trends and modern issues in the field

Uses appropriate terminology and is aware of possible destructive implications of labeling and self-defeating expectancies

Is aware of program alternatives for each level of mental retardation throughout the life range, and can describe a desirable continuum of services Can differentiate mental retardation from mental illness or other conditions which may lower functioning level

Can select an appropriate battery of tests regardless of the retarded person's age, functioning level and multiple handicaps

Uses test results and other pertinent information to devise educational plans for all ages and levels of mental retardation



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Can identify major information resources and referral agencies in the field

SUPERVISED EXPERIENCE

Recommended Areas of Study:

Experience in a variety of program settings

Supervised assessment of mentally retarded persons representing all ages and levels of functioning

Participation in multidisciplinary team assessment and decision making Development of remediation training goals

Report writing

Parent conferences

Monitoring and reassessment of recommendations derived from test results

Expected Competencies:

Is knowledgeable of assessment procedures and related programming strategies used in a variety of settings including diagnostic centers, early education programs, day training centers, special education, vocational training and placement

Uses an appropriate battery of test instruments to assess the functioning level of mentally retarded persons with different intellectual levels and concomitant handicaps

Communicates assessment information to persons in a useful manner

Integrates test results with information from other disciplines to derive recommendations for remediation or training

Makes realistic plans for monitoring the implementation of recommendations

NOTE: Prerequisite areas of study might include: (1) Measurement theory, test constructions and statistics; (2) child and adolescent development; (3) introduction to the exceptional child; (4) measurement of intelligence and educational achievement; (5) curriculum planning and development; (6) theories of learning, development, cognition and personality; and (7) survey of teaching and behavioral management technology. Moreover, course work at the graduate level should be taught by persons representing a wide experience background including individual assessment and programming in public schools, residential facilities, community diagnostic clinics, day training programs, sheltered workshops and other programs.

CONTINUING EDUCATION

Rapid changes and new developments in the field of mental retardation necessitate that all evaluators and diagnosticians periodically receive additional training and information. Such inservice training should be a joint effort between the training institution, professional associations and the facility in which the examiner is employed. Participation in continuing education, which genuinely increases professional competence, should be made an integral part of the certification or licensure process.

CONCLUSION

The present statement focuses upon areas of study and competencies needed by evaluators involved in classification decisions having administrative, legal and statistical implications. It should be pointed out, however, that the foregoing does not cover the full range of competencies needed to conduct cross-disciplinary or psychoeducational diagnostic assessments leading to prescriptive program planning. The importance of prescriptive planning is clearly suggested in current NARC policy and is reflected in statements by the Accreditation Council for Facilities for the Mentally Retarded (1973); i.e.,

"An individual assessment is necessary in order to develop an effective individual program plan. The interpretation of the complete battery of tests and examinations that are needed for comprehensive diagnosis and assessment requires interdisciplinary teamwork. Systematic appraisal of the pertinent facts that are determined by an initial interdisciplinary assessment and by periodic reassessments should be the basis for all service offered to a client. There should be a clear locus of responsibility for synthesizing, interpreting, and utilizing the results of the assessment components provided by different practitioners or agencies. The cultural and ethnic background of the client should be given full attention in the selection and interpretation of the tests and examinations used. The agency should be fully cognizant of the life style of the client and his family, and the time demands of the family during the assessment phase should be realistic." (AC/FMR, 1973, p. 35)

The necessity for achieving adequate individual assessment leading to prescriptive program planning, as well as the problems associated with tests and measurements today, represent continuing concerns of the National Association for Retarded Citizens.



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